



FELS
Farm Employers Labor Service
California Farm Bureau
Serving Agricultural Employers since 1970

2025 Employee Handbook

Standard Version

Customized FELS® Employee Handbook (Standard Form Version) is suitable for short-term, seasonal employment for employers of fewer than 25 employees. It can be used in conjunction with the "Receipt of Company Handbook" shown below. FELS® will customize the handbook with your company's site-specific information and then print the handbook in English and Spanish.

HOW TO ORDER

To Order: Complete the form below, including the section titled **Your Company's Site-Specific Information** located to left of the Order Form. Then email, mail or fax the completed form to **FELS**. Companies requesting printing services will receive a copy of the finished product for approval before printing. Additional customization of the handbook is available from **FELS**. Please call 800-753-9073 for details.

ORDER FORM

Order Online at www.fels.net/1/supply-catalog/hr-materials.html <http://www.fels.org/Catalog/Forms.htm#Handbook>

Items Ordered

- ☐ **FELS® Customized Employee Handbook (Standard Version) (*ADMIN.MINI.HNDBK)**.....\$300
- ☐ Add our company logo beside our company name (**ADMIN.MINI.LOGO**)
(Company logos are reduced to approximately 1"x1" depending on the space available).....\$60
- ☐ Additional customization (per paragraph – Eng & Spn) (***ADMIN.MINI.ADDL**).....\$90
- ☐ **401.E.BRO** - Print the first 100 copies of our ENGLISH (11"x17") handbook.....\$60
- ☐ Print additional copies (increments of 100) of our ENGLISH handbook.....\$50
- ☐ **401.S.BRO** - Print the first 100 copies of our SPANISH (11"x17") handbook.....\$60
- ☐ Print additional copies (increments of 100) of our SPANISH handbook.....\$50
- Paper Color: ☐ Blue ☐ Yellow ☐ Buff ☐ Brown ☐ White ☐ Salmon ☐ Green ☐ Goldenrod
- (Note: handbook will be printed only after final approval of the draft by your company)
- ☐ Send _____ pads of the form **#106.B.FRM** "Receipt of Company Handbook."
☐ (Printed on two-part NCR paper in pads of 25 sets; see sample on other side).....\$9.95/each

Payment Method:

☐ Check # _____

To order the **FELS® Customized Employee Handbook (Standard Version)** with a credit card, please call our office at 1-800-753-9073.

Signature: _____

Subtotal	\$ _____
FELS Discount ^①	\$ _____
Handling ^②	\$ _____
Taxable Subtotal	\$ _____
Sales Tax ^③	\$ _____
Total Due	\$ _____

① **FELS® CTR (Subscriber) No.:** _____

Company: _____

Name: _____

Shipping Address: ☐ Residential ☐ Commercial

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Fax: _____

Email: _____

HANDLING CHARGES

\$0.01	\$25:.....\$7.50	\$175.01	\$200:.....\$25
\$25.01	\$50:.....\$10.00	\$200.01	\$400:.....\$30
\$50.01	\$75:.....\$12.50	\$400.01	\$650:.....\$35
\$75.01	\$100:.....\$15.00	\$650.01	\$1,000:.....\$42.50
\$100.01	\$125:.....\$17.50	\$1,000.01	\$1,500:.....\$50.00
\$125.01	\$150:.....\$20.00	\$1,500.01	\$2,000:.....\$60.00
\$150.01	\$175:.....\$22.50	Over \$2,000:.....\$75/Per	Box over 45 lbs.

Notes:

- ① FELS Subscribers deduct 20% from **subtotal**. FELS CTR (Subscriber) No. (***No discount on Services**)
- ② See Handling chart above
- ③ Add 8.75% Sales Tax based on Taxable Subtotal
*Reformatting English & Spanish and translation of new text.

(Rev. 06/09/2025)

2025 EMPLOYEE HANDBOOK

(STANDARD FORM VERSION)

YOUR COMPANY'S SITE-SPECIFIC INFORMATION

RECEIPT OF COMPANY HANDBOOK RECIBO DEL MANUAL DE LA COMPAÑÍA

Employee Name
Nombre del empleado _____

Date
Fecha _____

The undersigned acknowledges receipt of a company handbook and recognizes that it is a requirement of employment to read and understand it. I will direct any questions about the handbook to my supervisor.

In consideration of my employment, I agree my employment and compensation can be terminated, with or without cause, and with or without prior notice, at any time at the option of either the company or myself.

El que firma abajo admite haber recibido una copia del manual de la compañía y reconoce que es requisito de empleo leerlo y entenderlo. Cualquier pregunta tocante el manual debe de ser dirigida a su supervisor.

En consideración a mi empleo, acepto que mi empleo y compensación pueden ser terminados, con o sin causa, y con o sin notificación previo, en cualquier momento a opción de la compañía o mía

Signature/Firma _____
(EMPLEADO / EMPLOYEE)

Signature/Firma _____
(MAYORDOMO/FOREMAN)

1. Do you employ 25 or more employees (full-time or part-time)? ☐ Y or ☐ N
(If "Y" you are covered by provisions of California law requiring allowance of use of certain types of paid or unpaid job-protected leaves for victims of a qualifying act of violence (QAV) or family members who may be a victim of a QAV.
2. Do you employ 5 or more employees (full-time or part-time)? ☐ Y or ☐ N
(If "Y" you are covered by the California Family Rights Act and by bereavement and reproductive loss leave requirements and must provide job-protected leave for the reasons and purposes described in those laws; your handbook will include text describing such leave. You are also covered by the discrimination prohibitions of the Fair Employment and Housing Act (FEHA); your handbook will include text describing discrimination-related rights of employees of covered employers and covered-employer policies and procedures for responding to possible discrimination.) **Note:** All employers are covered by anti-harassment and anti-retaliation provisions of FEHA, and all handbooks include appropriate language describing employee anti-harassment and anti-retaliation rights and employer policies for responding to reports of possible harassment or retaliation.

Workweek:

Begins (day): _____ Time of day: _____

Payroll Period:

☐ Daily ☐ Weekly ☐ Biweekly ☐ Semimonthly

Payday: (Day of week) _____

Employees must use personal mobile phones for business purposes:

☐ Yes ☐ No

Reimbursement per month for business use of personal mobile phone: \$_____ (The 2014 California Court of Appeal opinion in *Cochran v. Schwan's Home Service, Inc.*, requires an employer to reimburse an employee a reasonable percentage of the employee's mobile phone bill for mandatory work-related use of a personal mobile phone, even if the employee has an unlimited calling plan and incurs no additional expense by using the phone for work-related purposes.)

"Other than immediate supervisor" company official for referral of discrimination/harassment/retaliation complaints to:

- ☐ Company's Owner
☐ Company's President
☐ Human Resources Department
☐ Other (Title or Name) _____

PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE

Make check payable to FELS® • 2600 River Plaza Dr., Ste. 300 • Sacramento CA 95833-3380 • (800) 753-9073 • Fax: (916) 561-5696